

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. 09/936737		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1					52				
3		2					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
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18		1					68				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS			24				TOTAL CLAIMS				
			25								

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